

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017827

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 374

Primary Registration District No. 4582

Registrar's No. 14

FILED MAY 3 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sheridan		c. CITY OR TOWN Sheridan	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harry Middle Morton Last Davis		4. DATE OF DEATH Month April Day 15 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-19-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (last birthday) 76
11a. FATHER'S NAME Alfred Davis		11b. BIRTHPLACE (City and state or country) Near Des Moines, Iowa	
12a. MOTHER'S MAIDEN NAME Helen Rosetta Rogers		12b. CITIZEN OF WHAT COUNTRY U. S.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Laura M. Davis	
15. SOCIAL SECURITY NO. [REDACTED]		16. INFORMANT Mrs. Laura M. Davis - Sheridan, Missouri	
17. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Myocardia Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause: (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. TIME OF INJURY Hour 11:30 Month, Day, Year March 1962	22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grant City, Missouri		
23a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23b. CITY, TOWN, OR LOCATION Grant City, Missouri		
23c. I attended the deceased from March 1962 to April 15, 1962 and last saw him alive on April 15, 1962		23d. LOCATION (City, town, or county) (State) Worth County, Missouri	
23e. Death occurred at 11:30 m on the date stated above, and to the best of my knowledge, from the causes stated.		23f. SIGNATURE (Degree or title) Frank B. Matteson, M.D. Coroner	
23g. ADDRESS Grant City, Missouri		23h. DATE SIGNED 4-17-62	
23i. BURIAL, CREMATION, REMOVAL (Specify) Burial	23j. DATE 4-17-1962	23k. NAME OF CEMETERY OR CREMATORY Isadora Cemetery	23l. LOCATION (City, town, or county) (State) Worth County, Missouri
23m. FUNERAL DIRECTOR Bill A. Dunfee		23n. ADDRESS Grant City, Mo.	
23o. DATE RECD. BY LOCAL REG. April 28-1962		23p. REGISTRAR'S SIGNATURE Lito E. Dawson	

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.